



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF NUTRITIONAL HEALTH AND SERVICES  
BUREAU OF NUTRITION SERVICES AND WIC  
**PARTIAL WIC FORMULA REDEMPTION**

**PART A. VENDOR USE ONLY**

To be used only for **formula**, if the vendor does not have the entire quantity of formula issued on the WIC food instrument and the customer (WIC participant, guardian or proxy purchasing the formula) cannot travel to another store or return to the store at a later date. Enter the information below where applicable. Fields must be copied directly from the WIC FOOD INSTRUMENT.

1. STORE NAME		2. WIC VENDOR NUMBER	
3. PARTICIPANT NUMBER FROM FOOD INSTRUMENT	4. PARTICIPANT NAME FROM FOOD INSTRUMENT		5. FOOD INSTRUMENT NUMBER
6. FULL NAME OF FORMULA AND SIZE OF CAN SHOWN ON FOOD INSTRUMENT			7. TYPE <input type="checkbox"/> Liquid Concentrate <input type="checkbox"/> Powder <input type="checkbox"/> Ready To Use
8. LAST DATE TO USE	9. PURCHASE PRICE ENTERED ON FOOD INSTRUMENT	10. AMOUNT PRESCRIBED ON FOOD INSTRUMENT	11. AMOUNT GIVEN TO THE CUSTOMER

The undersigned store representative attests that the actual amount of formula provided to the customer is reflected in Box 11 of this form and the WIC program was charged only for the amount of formula provided to the customer. Excessive use of this form, improper transaction of the food instrument, or habitual shortages of infant formula may lead to termination of the store's WIC contract.

12. STORE REPRESENTATIVE SIGNATURE ▶	13. TITLE	14. DATE
15. SIGNATURE OF THE CUSTOMER ▶		16. DATE

Complete PART A of this form, make a copy, and keep the copy as store's record. Give the original to the customer and instruct her/him to return it to their local WIC office before the last day to use noted in box 8.

**PART B. PARTICIPANTS**

- Take the original to the WIC office no later than the LAST DATE TO USE shown in box 8 above.
- Your local WIC staff will provide you with a new food instrument for the remaining formula.
- If you do not give the form to your WIC office on or before the LAST DATE TO USE you will forfeit the remainder of the formula.
- Do not give this form to a store. They cannot accept it as payment for formula.

**PART C. LOCAL AGENCY USE ONLY**

17. DATE FORM RECEIVED IN LOCAL AGENCY	18. REPLACEMENT FOOD INSTRUMENT NUMBER
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**Local Agency Instructions:**

- If received on or before the LAST DATE TO USE, issue a new food instrument for the remaining cans of formula that were not redeemed as indicated on this form. The replacement food instrument should have the same LAST DATE TO USE as the original food instrument.
- Make a copy of the completed form and mail it to the address below within 10 days. Retain the original in participant's file.

**Bureau of Nutrition Services and WIC  
Division of Nutritional Health and Services  
Missouri Department of Health and Senior Services  
P.O. Box 570, Jefferson City, MO 65102**

- If needed, counsel the participant, guardian, or proxy on proper procedures in redeeming the entire infant formula food instrument.

21. WIC PERSONNEL SIGNATURE	22. DATE
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